

MULTIPLE DEPEN
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FEE SCHEDULE XTO-875)

SERIAL NO.
10/576256

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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50		1				
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	31	████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████